



# Incident Report

**Print Date/Time:** 04/02/2016 18:50  
**Login ID:** ss0139

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00005191

**Incident Date/Time:** 3/17/2016 6:54:12 PM  
**Location:** 20TH ST SE / 79TH AVE SE  
LAKE STEVENS WA 98258  
**Phone Number:** (425) 315-3043  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19N1	SS0126-Hingtgen

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	LOVING, KENT					

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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03/17/2016 : 19:04:29 SP0312 Narrative: 2ND COL

03/17/2016 : 18:55:49 SP0298 Narrative: CC, SUBURBAN V TBIRD V PONT V SM PU V MINIVAN, NON INJ, BLKG


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591971

**REPORT NO. E526597**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-0005191
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	03	-	17	-	2016			1855	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
20TH ST SE		BLOCK NO. <input checked="" type="checkbox"/> 7900
		MILE POST

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	79TH AVE SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253591368
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LAST NAME	UDMAN	FIRST NAME	ERIN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	8102 35TH ST NE
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CITY	MARYSVILLE	ST	WA	ZIP	982707005
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	UDMANEM311QB	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11	-	02	-	1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	BACK/NECK
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LICENSE PLATE #	AYM9534	STATE	WA	VIN#	2FMZA57655BA79078
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	FORD	MODEL	FREEST	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ERIN UDMAN 8102 35TH ST NE MARYSVILLE WA 98270 D: 4253591368

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4211-19-83-22
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2068534970
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LAST NAME	VAUGHN	FIRST NAME	MARIO	MIDDLE INITIAL	H
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STREET NEW ADDRESS	7556 40TH AVE NE
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CITY	SEATTLE	ST	WA	ZIP	981154926
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	VAUGHMH489PZ	STATE	WA	SEX	M	D.O.B. MMDDYYYY	10	-	09	-	1952
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AIB3017	STATE	WA	VIN#	2C3CA6CT0BH528448
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	CHRY	MODEL	3004D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MARIO VAUGHN 516 MAPLE GROVE RD CAMANO ISLAND WA 98282 D: 2068534970

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO NOT ON PERSON
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	M. HINGTEN	BADGE OR ID #	0126	AGENCY	WA0311900
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**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E526597**CASE # **2016-0005191**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CAMPBELL HAILEY M</b>																
ADDRESS & PHONE # <b>8102 35TH ST NE MARYSVILLE WA 98270 4253500768</b>										SEX <b>F</b>	D.O.B. MMDDYYYY <b>08</b>	-	<b>03</b>	-	<b>2015</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>4</b>	AIRBAG	<b>2</b>	RESTR.	<b>5</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>UDMAN ALYIA L</b>																
ADDRESS & PHONE # <b>8102 35TH ST NE MARYSVILLE WA 98270 4253591368</b>										SEX <b>M</b>	D.O.B. MMDDYYYY <b>06</b>	-	<b>19</b>	-	<b>2003</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>9</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>CAMPBELL MADALYNN L</b>																
ADDRESS & PHONE # <b>8102 35TH ST NE MARYSVILLE WA 98270 4253500768</b>										SEX <b>F</b>	D.O.B. MMDDYYYY <b>11</b>	-	<b>11</b>	-	<b>2012</b>			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>6</b>	AIRBAG	<b>2</b>	RESTR.	<b>8</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES

**NARRATIVE**

Veh #1 and Veh #2 were traveling eastbound on 20th St SE towards the controlled intersection of 79th Ave NE and 20th St SE. To the east of the intersection there was three vehicle collision that had happened previously. Veh #2 stopped at the intersection to yield to the stopped traffic. Veh #1 failed to stop for the yielding Veh #2. Veh #1 impacted Veh #2 in the rear.

Upon contacting the driver of Veh #1, I noticed a tablet attached to the dashboard of the vehicle. It appeared to have a open text and/or email screen.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**M. HINGTGEN**
**03-18-16 05:43 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**3/19/2016 3:54:43 AM**

BADGE OR ID #

**0126**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**6:55 PM**

TIME POLICE ARRIVED

**7:04 PM**

REPORT NO. E526597

CASE # 2016-0005191

DATE AND TIME  
OF COLLISION 03/17/16 18:55

